FORM OF CERTIFICATE FOR ORTHOPEDICALLY HANDICAPPED (LOCOMOTOR DISABLED)

Only to be filled by the Medical Board

[ ORTHOPEDICALLY HANDICAPPED (LOCOMOTOR DISABLED) ARE THOSE WHO HAVE PHYSICAL DEFECT OR DEFORMITY WHICH CAUSE AN INTERFERENCE WITH THE NORMAL FUNCTIONING OF BONES MUSCLES AND JOINTS. ]

1. Full Name of Candidate : 
2. Case No. : 
3. (a) Nature of disability

(to be mentioned in the square on the right side)

- POLIO
- CEREBRAL PALSY
- HEMIPLEGIA
- PARAPLEGIA
- AMPUTATIONS
- QUADRUPLEGIA
- CONGENITAL & ACQUIRED DEFORMITY
- OTHERS

(b) Extent of disability

(Upper limbs must be normal)

1. Below 50%
2. Between 50% to 70%
3. Above 70%

I Certify that Shri/ Kum. ___________________________ has been examined by the members of the Board on _______ / _______ / 2012 and has been found orthopedically handicapped [ locomotor disabled ] and in opinion of members of Board, he/ she is having locomotor disability ______ % and he / she is having both the upper limbs normally functioning.

Out ward No. : 
Signature of Chairman
Medical Board

Date : 
Place :

Note : (To be submitted at the receiving centre along with application form or at least 10 days before the date of first counselling)